



State of New Hampshire 2015 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 02/12/2015

Business ID: 72066

William M. Gardner

Secretary of State

FREE TRADE, INC.

PO BOX 426

DOVER, NH 03821

ADDRESS OF PRINCIPAL OFFICE:

56 SIXTH STREET

DOVER, NH 03820

REGISTERED AGENT AND OFFICE:

WIDMARK, PETER

56 SIXTH STREET

DOVER, NH 03820

ENTITY TYPE: CORPORATION

BUSINESS ID: 72066

STATE OF DOMICILE: NEW HAMPSHIRE

REAL ESTATE LAND DEVELOPER (1999 AR)

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Peter O. Widmark

STREET 56 Sixth Street

CITY/STATE/ZIP Dover Nh 03820

PRES. Peter O. Widmark

STREET 56 Sixth Street

CITY/STATE/ZIP Dover Nh 03820

TREAS. Peter O. Widmark

STREET 56 Sixth Street

CITY/STATE/ZIP Dover Nh 03820

V-PRES. Laurie Widmark

STREET 56 Sixth Street

CITY/STATE/ZIP Dover Nh 03820

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Peter O. Widmark

STREET 56 Sixth Street

CITY/STATE/ZIP Dover Nh 03820

DIR. Peter O. Widmark

STREET 56 Sixth Street

CITY/STATE/ZIP Dover Nh 03820

DIR. Laurie Widmark

STREET 56 Sixth Street

CITY/STATE/ZIP Dover Nh 03820

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Deborah Newton

Please print name and title of signer:

Deborah Newton

/

AUTHORIZED PARTY

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



7206620151000

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301